Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name **A Public Document**

	Agency Name				Date Stamp California 80		
	County of Los Angeles			Form OUZ			
	Division, Department, or Regi	on (if applicable)	meson en annomen e u		For Official Use Only		
	Board of Supervisor, First D	istrict					
	Designated Agency Contact (1				
	Barbara Garcia, Ticket Admi	inistrator	Amondment (Mark	Provide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)	
	213-974-4111	bgarcia@bos.la	county.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Inform	nation					
	Does the agency have a tick	et policy?	′es ■ No □ F	ace Value of	Each Ticket/Pass \$ _	63.00	
	Event Description: LA Phil			(ate(s) 01	, 11 , 202 <mark>1</mark>	1 1	
	Event Description.	Provide Title/	Explanation	ate(3)			
	Ticket(s)/Pass(es) provided	by agency? Y	res 🗌 No 🔳 If	no:	Name of Source		
	NATA - Palanta Patrilla Para I	- 1 II - T - 1 1					
	Was ticket distribution made	at the benest Y	′es 🔲 No 🔳 🖽	yes:	Official's Name (Last, First)		
	of agency official?						
3.	Recipients						
	Use Section A to identify the agen	cy's department or un	it. • Use Section B to id	dentify an individu	ual. Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe th	the public purpose made pursuant to the agency's policy			
	Staff		2	Per ticket po	olicy 5.3 (k)		
	B. Name of Indi (Last, Fire		Number of Ticket(s)/ Passes		Identify one of the		
					nonial Role		
					nonial Role Other Other Cking "Ceremonial Role" or "Other" d		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy	
4	Vorification						
٠.	Verification I have read and understand FP	PC Regulations 18	3944.1 and 18942.	l have verified t	that the distribution set i	forth above, is in accordance	
	With the requirements. Barbara Garcia			Admi	dministrative Director 3/4/2022		
	Signature of Agency Head or Design	ee	Print Name		Title	(month, day, year)	
	Comment:					V-2	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name

A Public Document

I. Agency Name		Date Stamp California 802					
County of Los Angeles			Form OUZ				
Division, Department, or Region (if applicable)			For Official Use Only				
Board of Supervisor, First District							
Designated Agency Contact (Name, Title)							
Barbara Garcia, Ticket Administrator		 -					
Area Code/Phone Number E-mail	——— ⊔'	Amendment (Must F	Provide Explanation in Part 3.)				
213-974-4111 bgarcia@bos.la	acounty.gov	Date	of Original Filing:	(month, day, year)			
2. Function or Event Information							
Does the agency have a ticket policy?	res ■ No □ F	ace Value of Each	Ticket/Pass \$ _	229.00			
Event Description: LA Phil Provide Title/	Explanation	Pate(s)	2021				
		no:					
			me of Source				
Was ticket distribution made at the behest	res 🗌 No 🔳 🏻 If	yes:	ial's Name (Last, First)				
of agency official?							
3. Recipients							
	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individu						
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the publi	rsuant to the agency's policy				
Staff		Per ticket policy	et policy 5.3 (k)				
	2						
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Ceremonial R If checking "Cen	Identify one of the	Income			
J		Ceremonial R If checking "Cen	tole Other Cemonial Role" or "Other" de				
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the publi	ic purpose made pu	rsuant to the agency's policy			
I. Verification							
I have read and understand FPPC Regulations 18 with the requirements.	8944.1 and 18942. I	I have verified that th	e distribution set f	forth above, is in accordance			
16 Mall V		Λ.1	# Di t	6///0000			
Barbara C	71.4	Administra	ative Director	3/4/2022			
signature of Agency Head or Designee	Print Name	arconnections 200 200 200 200 200 200 200 200 200 20	Title	(month, day, year)			
Comment:							
Comment.							

	gency Report of: eremonial Role Ever	nts and Ticket/	Pass Distri	butions	Α	Public Do	cument
1.	Agency Name	Date Stamp	California	002			
	County of Los Angeles	, and the second	Form	802			
	Division, Department, or Reg		For Official	Use Only			
	Board of Supervisor, First I	District					
	Designated Agency Contact						
	Barbara Garcia, Ticket Adn						
	Area Code/Phone Number	TE-mail			Amendment (Must P	rovide Explanation in	n Part 3.)
	213-974-4111 bgarcia@bos.lacounty.gov				Date of Original Filing:(month, day, year)		
2.	Function or Event Information						
	Does the agency have a ticket policy? Yes ■ No □ Face Value of B				Each Ticket/Pass \$	1	43.00
	Event Description: LA Phil	(42) (41) 12(11)			, 15 , 2024	1	/
	Ticket(s)/Pass(es) provided Was ticket distribution mad of agency official?	3 121 3		f no:	Name of Source Official's Name (Last, First)		
3.	Recipients • Use Section A to identify the age A. Name of Agency, Dep	• Use Section B to id Number of Ticket(s)/		ual. Use Section C to identif			
		Passes	With the state of				
	Staff		2	Per ticket p	olicy 5.3 (k)		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the following:		
					nonial Role Other C king "Ceremonial Role" or "Other" de:	<u></u> 9	Income
					nonial Role Other C		Income
	C. Name of Outside C		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agen	cy's policy

4. Verification

Comment: ___

I have read and understand FPPC Regulations	18944.1 and	18942. I have	verified that the	distribution set for	th above, is in	accordance
with the requirements.						

mishell	Barbara Garcia	Administrative Director	3/4/2022
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions	1	A Public Document			
1. Agency Name	Date Stamp	California Form	202		
0		Form	VVV/4		

١.	Agency Name		Date Stamp	California 802				
	County of Los Angeles					rollii CC		
	Division, Department, or Reg	ion (if applicable)				For Official Use Only		
	Board of Supervisor, First D	istrict						
	Designated Agency Contact (Name, Title)	1					
	Barbara Garcia, Ticket Adm	inistrator						
	Area Code/Phone Number				Amendment (Must F	Provide Explanation in Part 3.)		
	213-974-4111	bgarcia@bos.lacou	unty.gov		Date of Original Filing:	(month, day, year)		
2.	Function or Event Infor	mation				044.00		
	Does the agency have a tick	ket policy? Yes	Each Ticket/Pass \$ _	214.00				
	Event Description: LA Phil			oate(s) 01	22 , 202			
		Provide Title/ Expla	anation					
	Ticket(s)/Pass(es) provided	by agency? Yes	Name of Source					
	Was ticket distribution made	at the behest Ves	□ No.■ If	yes:				
	of agency official?	Official's Name (Last. First)						
3.	Recipients							
	Use Section A to identify the agent	cy's department or unit.	· Use Section B to i	dentify an individu	ual. Use Section C to identi	fy an outside organization.		
	A. Name of Agency, Department or Unit Number of Ticket(s			Describe th	ne nublic nurnose made nu	rsuant to the agency's policy		
			of Ticket(s)/ Passes					
	Staff		2	Per ticket policy 5.3 (k)				
)		
	B. Name of Indi (Last, Fir.		Number of Ticket(s)/ Passes		Identify one of the	following:		
					nonial Role Other Other Cking "Ceremonial Role" or "Other" de			
					nonial Role Other L			
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy		
Į.	Verification							
	I have read and understand FP	PC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set f	orth above, is in accordance		
	with the requirements	with the requirements						
	my year	Barbara Gar		Administrative Director 3/4/2022				
	Signature of Agency Head or Design	lee F	Print Name		Title	(month, day, year)		
	Comment:							

Agency Report of:

	gency Report of. eremonial Role Even	ts and Ticket/P	ass Distri	butions	Α	Public Document
1.	Agency Name				Date Stamp	California 802
	County of Los Angeles					
	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	Board of Supervisor, First D	istrict				
	Designated Agency Contact	Name, Title)				
	Barbara Garcia, Ticket Adm	inistrator			Amendment (Must Pro	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			100 100000 10 044 1000000	1994 AND
	213-974-4111	bgarcia@bos.lacou	nty.gov		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				91.00
	Does the agency have a tick	ket policy? Yes	■ No 🗆 F	ace Value of I	Each Ticket/Pass \$	31.00
	Event Description: LA Phil		D	Date(s)	, 27 , 202	
	Ticket(s)/Pass(es) provided	Provide Title/ Explai		f no:		
	ricket(s)/Fass(es) provided	by agency : rest	□ No ■ If	110.	Name of Source	
	Was ticket distribution made	at the behest Yes [□ No 🔳 If	yes:	Official's Name (Last, First)	
	of agency official?				Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agen A. Name of Agency, Depart		Use Section B to in		ual. Use Section C to identify	
	Staff		Passes	Per ticket po	olicy 5.3 (k)	
	- Cian		2	T of lloket p		
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the fo	illowing:
					nonial Role Other Other or "Other" design "Ceremonial Role" or "Other" design	4 1911/1914/1917 : 1 921/
				The state of the s	nonial Role Other Other king "Ceremonial Role" or "Other" desi	Income Income
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
4.	Verification		L			
	I have read and understand FF with the requirements.	PC Regulations 18944	.1 and 18942.	I have verified t	that the distribution set fo	rth above, is in accordance
	with the requirements.	Barbara Gard	ia	Admi	inistrative Director	3/4/2022
	Signature of Agency Head or Design		rint Name		Title	(month, day, year)

Clear

Comment: __

Agency Penort of

	gency Report of. eremonial Role Even	ts and Ticket/P	ass Distri	butions	А	Public Document	
1.	Agency Name			Date Stamp	California 802		
	County of Los Angeles						
	Division, Department, or Reg	ion (if applicable)		For Official Use Only			
	Board of Supervisor, First District						
	Designated Agency Contact	(Name, Title)					
	Barbara Garcia, Ticket Adm	inistrator	Amendment (Must P	rovide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail					
	213-974-4111	bgarcia@bos.lacou	inty.gov		Date of Original Filing: .	(month, day, year)	
2.	Function or Event Infor	mation			3	189.00	
	Does the agency have a ticl	ket policy? Yes	■ No 🗆 F	ace Value of	Each Ticket/Pass \$	169.00	
	Event Description: LA Phil		D	oate(s)01	, 30 , 202 1		
	Ticket(s)/Pass(es) provided	Provide Title/Explain by agency? Ves I		no:			
	rionon(o)/r dob(ob) providod	by agonoy. Test			Name of Source		
	Was ticket distribution made	e at the behest Yes [□ No 🔳 🏻 If	yes:	Official's Name (Last, First)	-	
	of agency official?				(-111)		
3.	Recipients • Use Section A to identify the ager	ncy's department or unit. •		dentify an individu	ual. Use Section C to identif	y an outside organization.	
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy		
	Staff		2	Per ticket policy 5.3 (k)			
	B. Name of Individual		Number of Ticket(s)/		Identify one of the fo	ollowing:	
	(Last, Fir	st)	Passes		nonial Role Other C		
					nonial Role Other king "Ceremonial Role" or "Other" dec	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy	
				11 10 11 10 10 10 11 11 11 11 11 11			
4.	Verification						
	I have read and understand FF with the requirements.	PPC Regulations 18944	1.1 and 18942.	I have verified	that the distribution set fo	orth above, is in accordance	
				Admi	nistrative Director	3/4/2022	
	Signature of Agency Head or Design	nee P	rint Name		Title	(month, day, year)	

Comment: ____